

COUNTY VETERANS SERVICE COMMISSION					Vims #
FINANCIAL ASSISTANCE APPLICATION/STATISTICAL DATA SHEET					
1	Veteran's Last Name:	First	Middle	Date:	SSN:
					Occupation:
2	Date of Birth:	Date of Death:	Marital Status:	Date of Marriage:	Date of Divorce/Separation:
3	Spouse (Maiden Name if Applicable):			Spouse SSN:	Spouse Date of Birth:
<b>Note: Common law marriages are recognized in Ohio only if they were established prior to October 10, 1991.</b>					
4	Date Established Residency In This County: (Proof of Residency is Required)			Telephone #: Area Code	
5	Veteran's Address:	City	State	Zip Code	How Long at Address:
6	Name & Address of Landlord/Mortgage Company				Telephone Area Code
7	Previous Address	City	State	Zip Code	How Long at Address:
<b>IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:</b>					
8	Name				SSN
					Occupation
9	Address				Telephone Area Code ( )
<b>MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)</b>					
10	Date From:	To:	Type of Discharge:	Verified - Office Use Only YES	
11	Date From:	To:	Type of Discharge:		
<b>DEPENDENTS - PROOF OF DEPENDENCY REQUIRED</b>					
12	Names:	How Related:	SSN of Dependents:	Date of Birth	In Custody of Whom: Support Yes - No
	a				
	b				
	c				
	d				
	e				
	f				
	g				
13	Does Anyone Else Live In Your Household?				
14	Has Anyone In Your Household Applied For Assistance From Any Other Agency In The Last 30 Days?				
15	Agency:		Assistance:		
16	Agency:		Assistance:		

17	Employer Name:				
18	Employer Address:				
19	Employment Dates:	From:	To:	From:	To:
20	Reason Terminated:				
21	Rate of Pay:				
22	Are You Seeking Employment:	If YES, Where:		Are You Registered With OBES:	
23	If Not Seeking Employment, Explain Why:				

#### ASSETS

24	TYPE	\$ VALUE	TYPE	DESCRIPTION	\$ VALUE	OWE
	Checking		Home			
	Savings or CD		Other Prop.			
	IRA / KEOGH		Vehicle			
	Other		Vehicle			
	Other		Other			

#### INCOME AND EXPENSES ( Verification of all income and expenses required )

25	PRESENT MONTHLY NET INCOME ( Last 30 days )	ESTIMATED IMMEDIATE MONTHLY NEEDS	ASSISTANCE REQUESTED
	Wages - Veteran	Food	Note Type Amount
	Wages - Spouse	House Payment	
	Wages - Other	Electric	
	Pension or Compensation	Fuel	
	Retirement Benefits	Water & Sewage	
	Social Security - Veteran	Phone	
	Social Security - Spouse	SUBTOTAL	
		Car Payment	
	Welfare (G.R. & ADC )	Auto Gas	
	Food Stamps	Cable TV	
	Child Support		
	Unemployment Benefits		
	Workmen's Compensation		
	Other		
	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>

26	Please explain why you need assistance at this time:

I understand that false statements made on this application may lead to prosecution.  
I have completed and/or reviewed all information pertaining to my application for financial assistance  
and I certify that it is correct to the best of my knowledge.

Date Signed

Applicant's Signature